



ARIZONA STATE BOARD OF PHARMACY
P. O. Box 6389 (4425 W. Olive Ave., Suite 140)
Glendale, AZ 85312-6389
Voice: 623/463-2727 FAX: 623/934-0583
www.pharmacy.state.az.us

BILLING NOTICE - Credential Renewal

PENALTY: \$20.00 IF PAID AFTER NOVEMBER 1st.

To renew your credential (license), return this form with the requested information & fees. Make check or Money Order payable to: Arizona State Board of Pharmacy. Mail to above address.

Name _____

Address _____

Ck # _____

Credential #: _____

Current Renewal Expires: _____

Renewal Amount: (contact agency)

Renewal Period: _____ to _____

Note change or correction to address or name here: _____

PLEASE INDICATE RENEWAL STATUS (X) AND SIGN BELOW:

____ **ACTIVE** STATUS. I CERTIFY THAT I HAVE COMPLIED WITH THE CONTINUING EDUCATION REQUIREMENTS OF A.R.S. 32-1936 and A.A.C. R4-23-204, INCLUDING PHARMACY LAW REQUIREMENTS.

____ **I CHOOSE NOT TO RENEW** MY LICENSE.

Home Telephone _____ Signature _____ Date _____

(Signature Required)

ATTENTION: We solicit your help making sure our records are up-to-date:

1. **CURRENT EMPLOYMENT**
INFORMATION

Type of Pharmacy or work & hours worked per month:

Chain _____ Hospital _____
Community _____ Infusion _____
Government _____ Mail Order _____
Other (explain) _____

PIC _____ Staff R.Ph. _____ Other _____

Business name, address & telephone:

NOTICE** IF YOU FAIL TO RENEW YOUR LICENSE IT WILL BE SUSPENDED (VOID). IF YOU CONTINUE TO PRACTICE YOU MAY BE SUBJECT TO SANCTIONS AS PROVIDED FOR IN A.R.S. § 32-1925.**
NO SECOND NOTICE WILL BE SENT.